| FORM (to be used (a all correspondence after initial filing) | Application Number Filing Date First Named Inventor | 09/964,079 September 26, 2001 ROBERT S. KIEVAL | |
|---|--|--|--|
| FORM (to be used (Fall correspondence after initial filling) | Filing Date First Named Inventor | September 26, 2001 | |
| FORM (to be used (Fall correspondence after initial filling) | First Named Inventor | | |
| (to be used (a fill correspondence after initial filling) | | ROBERT S KIEVAI | |
| (to be used of all correspondence after initial filing) | A - 11-2 | ROBERT S. KIEVAL | |
| (to be used of all correspondence after initial filing) | Art Unit | 3762 | |
| | Examiner Name | OROPEZA, FRANCES P | |
| & Total Number of Pages in This Submission 14 | 4 Attorney Docket Number | 021433-000110US | |
| | ENCLOSURES (Check all that | apply) | |
| Fee Transmittal Form | Drawing(s) | After Allowance Communication to TC | |
| Fee Attached | Licensing-related Papers | Appeal Communication to Board of Appeals and Interferences | |
| Amendment/Reply | Petition | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | |
| After Final | Petition to Convert to a Provisional Application | Proprietary Information | |
| Affidavits/declaration(s) | Power of Attorney, Revocation Change of Correspondence Addre | | |
| Extension of Time Request | Terminal Disclaimer | Other Enclosure(s) (please identify below): | |
| Express Abandonment Request | Request for Refund | Return Postcard | |
| Information Disclosure Statement | CD, Number of CD(s) | | |
| | Landscape Table on CD | | |
| Certified Copy of Friority | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |
| — Document(s) | Account 20-1450. | | |
| Reply to Missing Parts/ Incomplete Application | | | |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | |
| | | | |
| SIGNATUI | RE OF APPLICANT, ATTORNI | Y, OR AGENT | |
| Townsend and Townsend | | | |

| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | |
|-------------------------------------|---|------|-------------------|--|--|--|
| | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | | | |
| Signature | para Cuargelista | | | | | |
| Typed or printed name | JoAnn Evangelista | Date | February 28, 2005 | | | |

Reg. No.

29,541

Signature

Date

Printed name

James M. Heslin

February 28, 2005

I hereby ertify that this correspondence is being deposited with the United States ostal Service as first class mail in an envelope addressed to:

3762 ATENT

Attorney Docket No.: 021433-000110US

OROPEZA, FRANCES P

Mail Stop: AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

On February 28, 2005

TOWNSEND and TOWNSEND and CREW LLP

JoAnn/Evangelista

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner:

AMENDMENT

Confirmation No. 2039

Technology Center/Art Unit: 3762

In re application of:

ROBERT S. KIEVAL et al.

Application No.: 09/964,079

Filed: September 26, 2001

For: STIMULUS REGIMENS FOR

CARDIOVASCULAR REFLEX

CONTROL

Customer No.: 20350

Mail Stop: AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 28, 2004, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.